

INSTRUCTIONS FOR APPLYING FOR DENTAL HYGIENE LICENSURE BY EXAMINATION for the year 2004

EXAMINATION DATES: JUNE 5-6, 2004 and OCTOBER 9, 2004

APPLICATION DEADLINES: APRIL 21, 2004 and AUGUST 25, 2004
(These dates include the deadline for submitting fee and malpractice insurance to Indiana University, as well as fee payable to the Health Professions Bureau)

FEES: \$100 made payable to the Health Professions Bureau, submitted with your application;

- \$80 made payable to Indiana University School of Dentistry, submitted with malpractice insurance, to Michelle Farris, -DS105, 1121 West Michigan Street, Indianapolis, IN 46202-5186.

LOCATION OF EXAMINATION: Indiana University School of Dentistry

DENTAL HYGIENE INTERN PERMIT INFORMATION ALSO INSIDE

**INDIANA STATE BOARD OF DENTISTRY
HEALTH PROFESSIONS BUREAU
402 WEST WASHINGTON STREET, ROOM 066
INDIANAPOLIS, INDIANA 46204
(317) 234-2057
(317) 233-4236 (fax)
www.in.gov/hpb/boards/isbd**

LDH

Revised 2/2004

**INSTRUCTIONS FOR APPLYING FOR DENTAL HYGIENE LICENSURE BY
EXAMINATION
AND DENTAL HYGIENE INTERN PERMIT INFORMATION**

You will need the following:

1. Application for licensure. Download the [Application for a License to Practice Dentistry or Dental Hygiene](#).
2. [Dental Hygiene Candidate's Guidelines for the Periodontal Clinical Examination](#), located on this web site.
3. The following statutes and rules:
 - a. Title 828 IAC - Rules of the Indiana State Board of Dentistry.
<http://www.state.in.us/legislative/iac/title828.html>
 - b. Indiana Code 25-13 & 25-14, Indiana Dental and Dental Hygiene Practice Acts.
<http://www.ai.org/legislative/ic/code/title25/ar13/index.html>;
<http://www.ai.org/legislative/ic/code/title25/ar14/index.html>
 - c. Indiana Code 25-1-9, Standards of Practice.
<http://www.ai.org/legislative/ic/code/title25/ar1/ch9.html>
 - d. Title 410 IAC 1-3 and 1-4, rules on Infectious Wastes and Universal Precautions.
<http://www.state.in.us/legislative/iac/title410.html>
4. A [certificate of completion](#), which is located on this web site.

**SEND YOUR COMPLETED APPLICATION AND YOUR FEE PAYABLE TO
THE HEALTH PROFESSIONS BUREAU TO:**

DENTAL GROUP
HEALTH PROFESSIONS BUREAU
402 WEST WASHINGTON STREET, ROOM W066
INDIANAPOLIS, INDIANA 46204

TIME FRAME REGARDING PROCESSING OF YOUR APPLICATION

Once your application is received in our office, it will be assigned to a case manager. You will receive a status letter within ten working days.

Once your file is complete, you will be assigned a candidate number. The candidate number, in the Spring examination, determines the scheduling of your examination. For a sample schedule of both the Spring and Fall examinations, visit www.in.gov/hpb/boards/isbd/examsched.html.

Approximately three weeks prior to the examination date, if your file is complete, you will receive your candidate number, schedule, Patient Waiver Forms, Medical/Dental History Forms, and Treatment Selection Worksheet

TESTING ACCOMMODATION REQUEST

If you have a disability, which may require some accommodation in taking this examination, please request a TESTING ACCOMMODATION REQUEST FORM from this office by calling (317) 234-2057. ***If accommodation is not requested prior to the application deadline, we cannot guarantee the availability of accommodation on-site.*** If you are hearing or speech impaired, you may utilize the Indiana Relay System by calling 1-800-743-3333.

EXAMINATION REQUIREMENTS AND INSTRUCTIONS

ADMISSION TO THE EXAMINATION WILL BE DENIED IF A CHECK IS DISHONORED OR IF THE REQUIRED DOCUMENTS ARE NOT TIMELY RECEIVED IN THE BOARD OFFICE.

YOU MUST SUBMIT THE FOLLOWING:

1. Complete, typewritten (or legibly printed) application. Remember to sign the application affirmation and Authorization for Release of Information.
2. Application fee of \$100. Please make your check or money order payable to the Health Professions Bureau. Applications submitted without the application fee will be returned.
3. Two recent passport type quality photographs, one of which **must be signed**.
4. A notarized copy of marriage certificate or legal name change certificate, if your name differs from that on any of your documents.
5. A copy of your **current, signed** CPR card. Take a refresher course if your card is about to expire.
6. Proof of malpractice insurance *to the Indiana University School of Dentistry with the examination fee, payable to Indiana University School of Dentistry*. You will not receive your admission packet unless the proof is submitted with the fee. **Indiana University must receive this by the application deadline date.**

YOU MUST CAUSE THE FOLLOWING TO BE SUBMITTED:

1. A notarized copy of diploma or a certificate of completion from your dental school. (See Certification of Completion form).
2. An official copy of your dental school transcript. This must be sent directly from your professional school to the Indiana State Board of Dentistry.
3. An official National Board final grade card (indicating successful completion). The telephone number of the National Board office is 312-440-2811.

4. ***If you currently hold, or have held a license in another state***, a completed State Verification form(s). (See Verification of State Licensure form). You must send the forms to all state where you have been, or are currently licensed in any health profession. Other jurisdictions may charge a fee to verify licensure; you may wish to contact them to see if such a fee is required.

In compliance with IC 4-1-6, this agency is notifying you that you must provide the requested information or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record. Your examination scores and grade transcripts are confidential except in circumstances where their release is required by law.

Your social security number is being requested by this state agency in accordance with IC 4-1-8-1. Disclosure is mandatory, and your application cannot be processed without it

INDIANA UNIVERSITY REQUIRES ALL EXAMINATION CANDIDATES TO HAVE MALPRACTICE INSURANCE IN ORDER TO TAKE THE EXAMINATION. YOU MUST SUBMIT PROOF OF INSURANCE WITH YOUR FEE TO THE SCHOOL TO TAKE THE EXAMINATION. IF YOU DO NOT HAVE THIS PROOF OF MALPRACTICE INSURANCE, YOUR APPLICATION WILL BE DENIED.

COVERAGE OBTAINED THROUGH YOUR SCHOOL (WHICH GENERALLY PROVIDES COVERAGE WHILE YOU ARE A STUDENT) OR GROUP INSURANCE WHICH COVERS THE DENTAL PRACTICE WITH WHICH YOU ARE PLANNING TO BECOME ASSOCIATED MAY NOT COVER THE EXAMINATION. PLEASE CHECK WITH YOUR INSURANCE CARRIER.

IF YOU HAVE QUESTIONS ABOUT MALPRACTICE INSURANCE, PLEASE CALL MICHELLE FARRIS AT INDIANA UNIVERSITY SCHOOL OF DENTISTRY, 317-274-8173. The Indiana Board of Dentistry cannot answer your questions about malpractice insurance.

ADDITIONAL INFORMATION

1. You must provide your own patient and equipment. See Dental Hygiene Candidate's Guidelines for the Clinical Examination.
2. You must complete the medical/dental history and treatment selection worksheet on your patient prior to the examination.
3. All candidates must come to orientation even if they are not taking the entire examination.
4. You must supply your own instruments. Handpieces, prophylaxis angles, and miscellaneous supplies are available at Indiana University School of Dentistry. There may be a fee for these items.
5. If you have a question about a *clinical* procedure (e.g. patient selection, radiographs, etc.), please put it in writing or e-mail and direct it to Shelly Mazo at the Health Professions Bureau address or smazo@hpb.state.in.us. A Dental Board member will then be contacted for clarification. Please refer to the

Candidate's Guidelines for additional information regarding the examination.

On the first day of the examination all dental hygiene candidates will meet as a group in a designated room at a time to be set by the board. You will be notified of the time prior to the examination.

At the opening session during check-in your duplicate photograph will be returned with an identification number which you **MUST** wear as a badge in clear sight at all times during the examination. No other means of identification such as name tags, school insignia, etc., should be apparent on your uniform, papers, or supplies. **DO NOT INTRODUCE YOURSELF OR YOUR PATIENT TO THE EXAMINERS.**

It will be to your benefit if you file your application early. The earlier all applications are received, the sooner examination schedules can be prepared and distributed. Please do not wait until the application deadline to submit your application.

PLEASE NOTE: APPLICATIONS AND DOCUMENTATION WILL NOT BE RETURNED TO YOU. **FEES ARE NOT REFUNDABLE.**

All applicants will be examined on the statutes and rules of Indiana related to the practice of dentistry and dental hygiene, universal precautions, and infectious wastes. This is a 50 question true-false and multiple-choice examination. Passing criteria is 75%.

The examination is based on the following documents (compilation included in packet):

- IC 25-13 Dental Hygiene Law
- IC 25-14 Dental Law
- IC 25-1-9 Health Professions Bureau Standards of Practice
- Title 828 IAC Dental and Dental Hygiene Rules
- Title 410 IAC 1-3 and 1-4 Universal Precautions and Infectious Waste

INTERN PERMIT INSTRUCTIONS

PLEASE NOTE: APPLICATIONS AND DOCUMENTATION WILL NOT BE RETURNED TO YOU. FEES ARE NOT REFUNDABLE BY LAW (IC 25-1-8-2(e)).

1. Submit Application for a Dental Hygiene Permit.
2. The application forms must be complete and typewritten or printed legibly. Return the completed application and all documentation to the
Health Professions Bureau
402 W. Washington Street
Room W066
Indianapolis, Indiana 46204
3. Applicants for an intern permit must submit verification of employment/residency on the form provided.
4. Submit the application fee of fifty dollars (\$50.00) made payable to the Health Professions Bureau. If you are also applying for licensure, you must submit the appropriate application fee.
5. Submit a notarized copy of your diploma or a certificate of completion from your dental hygiene school.
6. Submit an official copy of dental hygiene school transcripts. Transcripts must be sent directly from your professional school to the Indiana State Board of Dentistry c/o the Health Professions Bureau.
7. Submit an official National Board final grade card (indicating all sections passed). The telephone number of the National Board office is 312-440-2811.
8. Submit a notarized copy of a marriage certificate or legal name change certificate, if your name differs from that on any of your documents.
9. Submit completed State Verification form(s). You must send the forms to all states where you have been, or are currently licensed. **All applicants for an intern permit who are now, or have been, licensed in any health care profession in another state must submit this form.**
10. Submit a copy of a **current, signed** CPR card.
11. Submit two recent passport **type** quality photographs.

12. Questions regarding your intern permit application should be directed to 317-234-2057 or hpb7@hpb.state.in.us.

The Board may, at its discretion, issue a *dental hygiene intern permit to any person to whom it has not issued a license, but who is a graduate of a dental hygiene school recognized by the board and is otherwise qualified to take the regular examination for licensure*. An applicant for a dental hygiene intern permit shall furnish to the board satisfactory evidence that the applicant has been:

- (1) appointed to a dental hygiene internship in a hospital, or similar institution operated under the laws of the State of Indiana; or
- (2) employed as:
 - (A) an instructor in a dental hygiene school recognized and approved by the Indiana State Board of Dentistry; or
 - (B) a teacher or operator in a clinic in a public or parochial school, college or university.

Any person receiving a dental hygiene intern permit may practice dental hygiene only in a hospital or other institution designated in the permit and only under the direction of a licensed dentist who is a member of the dental staff of the hospital or other institution. The intern's practice shall be limited to bonafide patients of the hospital or other institution. The permit is not valid for work in a private practice.

The permit is valid for only one (1) year from the date of issuance and is renewable at the discretion of the board upon the payment of a fee of twenty-five dollars (\$25.00). The Board may recall the permit at any time.

You are responsible for notifying the board if you wish to renew your permit.

Mandatory disclosure of U.S. Social Security Number

Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that disclosure of your U.S. Social Security number on this application is mandatory for the purpose of complying with IC 25-1-5-8 and IC 4-1-8-1 which provide that the Indiana Department of Revenue may obtain Social Security numbers from the Health Professions Bureau for tax enforcement purposes. In addition, disclosing such number is mandatory in order for the Indiana State Board of Dentistry to comply with the requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank 42 U.S.C. §1320(a)-7e(b), 5 USC §552a, 45 CFR Part 60.1, and 45 CFR Part 61.

Failure to disclose your U.S. social security number will result in the denial of your application. Application fees are not refundable.